

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee R. I. (RIP) PRICHARD, III - RE-ELECTION COMMITTEEAddress ATTN: MAX HUEY, P. O. BOX 848, PICYAUNE, MS 39466Telephone (601)749-3200Fax (601)749-3258Treasurer MAX HUEYEmail danhuey@nbop.com

RECEIVED

JUL 07 2010

Campaign Finance  
Secretary of State  
DAVID STAMPER☐ Check here if above is different from previous report

## TYPE OF REPORT

     May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory

     June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory

  X   July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory

     October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory

     October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory

     November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

     January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory

     Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500.00 + \$ 0	\$ 500.00	\$ 800.00
Total amount of disbursements	\$ 0 + \$ 0	\$ 0	\$ 0
Total amount of cash on hand		\$ 800.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1488 or 601-576-2518.

2. Candidates for countywide and county district offices should return form to their county Circuit Clerk.

Page 1 of 1  
 Name of Candidate or Committee R1(RIP) Prichard III - Re-Election Committee  
 Reporting period June 1, 2010 through June 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Claiborne McDonald IV</u>		<u>06/22/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 459</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Picayune, MS 39466</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>McDonald &amp; Patch PLLC</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$